CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)	SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
			RATE	FEE	OR	RATE	FEE
TOTAL CLAIMS							
FOR	NUMBER FILED	NUMBER EXTRA	BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS	minus 20 =		X$ 9 =		OR	X$18 =	
INDEPENDENT CLAIMS	minus 3 =		X43 =		OR	X86 =	
MULTIPLE DEPENDENT CLAIM PRESENT		☐	+145 =		OR	+290 =	
			TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A 7/11/05

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
					RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total	63	Minus	63		X$ 9 =		OR	X$18 =	
Independent	9	Minus	9		X43 =		OR	X86 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+145 =		OR	+290 =	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT E 1-23-06

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA			OR		
					RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total	63	Minus	63	0	X$ 9 =		OR	X$18 =	
Independent	9	Minus	9	0	X43 =		OR	X86 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+145 =		OR	+290 =	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C 7-12-06

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA			OR		
					RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total	63	Minus	63		X$ 9 =		OR	X$18 =	
Independent	9	Minus	9		X43 =		OR	X86 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+145 =		OR	+290 =	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Sheet 2 of 2